MEETING

STATE OF CALIFORNIA

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

BOARD OF ADMINISTRATION

PENSION & HEALTH BENEFITS COMMITTEE

OPEN SESSION

ROBERT F. CARLSON AUDITORIUM

LINCOLN PLAZA NORTH

400 P STREET

SACRAMENTO, CALIFORNIA

TUESDAY, NOVEMBER 15, 2016 9:02 A.M.

JAMES F. PETERS, CSR CERTIFIED SHORTHAND REPORTER LICENSE NUMBER 10063

APPEARANCES

COMMITTEE MEMBERS:

Ms. Priya Mathur, Chairperson

Mr. Michael Bilbrey, Vice Chairperson

Mr. John Chiang, represented by Mr. Steve Juarez

Mr. Rob Feckner

Mr. Richard Gillihan, represented by Mr. Ralph Cobb

Ms. Dana Hollinger

Mr. Henry Jones

Ms. Theresa Taylor

Ms. Betty Yee, represented by Mr. Alan Lofaso

BOARD MEMBERS:

Mr. J.J. Jelincic

Mr. Bill Slaton

STAFF:

Ms. Marcie Frost, Chief Executive Officer

Mr. Matt Jacobs, General Counsel

Ms. Donna Lum, Deputy Executive Officer

Mr. Doug McKeever, Deputy Executive Officer

Ms. Mary Anne Ashley, Chief, Legislative Affairs Division

Dr. Kathy Donneson, Chief, Health Plan Administration Division

Ms. Victoria Eberle, Assistant Chief, Health Plan Administration Division

APPEARANCES CONTINUED

STAFF:

Ms. Jennifer Jimenez, Committee Secretary

Mr. Anthony Suine, Chief, Benefit Services Division

ALSO PRESENT:

Mr. Tim Behrens, California State Retirees

Mr. David Bilby, City of Chula Vista

	I N D E X	PAGE
1.	Call to Order and Roll Call	1
2.	Executive Report(s)	2
3.	Consent Items Action Consent Items: a. Approval of the September 20, 2016, Pension and Health Benefits Committee Meeting Minutes	6
4.	Consent Items Information Consent Items: a. Annual Calendar Review b. Draft Agenda for December 20, 2016, Pension and Health Benefits Committee Meeting c. Federal Health Care Policy Representatives Update d. Federal Retirement Policy Representatives Update	6
Action Agenda Items		
5.	State Legislative Proposal: Policy and Technical Amendments to the Public Employee's Retirement Law	6
Information Agenda Items		
6.	Annual Review of the Legislative and Policy Engagement Guidelines - First Reading	17
7.	Customer Services and Support Performance Update	18
8.	Pharmacy Benefit Manager Transition	29
9.	Summary of Committee Direction	42
10.	Public Comment	42
Adjournment		49
Reporter's Certificate		50

1 PROCEEDINGS 2 CHAIRPERSON MATHUR: Good morning, everyone. 3 We're going to convene the Pension & Health Benefits 4 Committee. First order of business is roll call. 5 COMMITTEE SECRETARY JIMENEZ: Priva Mathur? 6 CHAIRPERSON MATHUR: Good morning. 7 COMMITTEE SECRETARY JIMENEZ: Michael Bilbrey? 8 VICE CHAIRPERSON BILBREY: Good morning. COMMITTEE SECRETARY JIMENEZ: Steve Juarez for 9 10 John Chiang? ACTING COMMITTEE MEMBER JUAREZ: 11 Here. COMMITTEE SECRETARY JIMENEZ: Rob Feckner? 12 13 COMMITTEE MEMBER FECKNER: Good morning. COMMITTEE SECRETARY JIMENEZ: Ralph Cobb for 14 Richard Gillihan? 15 16 ACTING COMMITTEE MEMBER COBB: Here. 17 COMMITTEE SECRETARY JIMENEZ: Dana Hollinger? COMMITTEE MEMBER HOLLINGER: Here. 18 COMMITTEE SECRETARY JIMENEZ: Henry Jones? 19 20 Theresa Taylor? COMMITTEE MEMBER TAYLOR: Here. 21 COMMITTEE SECRETARY JIMENEZ: Alan Lofaso for 22 23 Betty Yee? 2.4 ACTING COMMITTEE MEMBER LOFASO: Here. 25 CHAIRPERSON MATHUR: And please also note for the

record that J.J. Jelincic has joined us.

All right. The next order of business is the Executive Reports. Now, if you can give it, Mr. McKeever.

DEPUTY EXECUTIVE OFFICER McKEEVER: Good morning,
Madam Chair, members of the Committee. Doug McKeever,
Calpers staff. I will power through this and be brief.

A couple of comments that I want to make, one of which echoes what Mr. Eliopoulos spoke of yesterday in the Investment Committee about the recent election results. And I just want to highlight for you the impacts on the Pension and Health care side, and that in January at the off-site, we will have all 3 of the federal representatives attending that off-site, so we will go through a thorough vetting of what the potential impacts are. And as Ted mentioned, it's too early to tell exactly what's going to happen, but it is something that's on our radar screen and we do need to pay attention to.

I want to bring your attention. I brought this up about 4 to 6 months ago. The League of Cities is now offering an alternative health benefits program for its members. And specifically, they are looking at CalPERS employers and reaching out to them and letting them know about their optional benefit plan that is now available through the League. So I'm calling this out as -- for your awareness that we have been made aware of this. We

don't know, at this point in time, whether or not employers are taking it seriously, but we're going to be monitoring to make sure that if there are employers that are seeking information from the League, that they also get information from CalPERS, so that they can weigh both sides before they make a decision to leave this program.

I want to mention that in January, at the off-site, in addition to the federal representatives reporting to us, we are going to have a presentation on the value based insurance design approaches and concepts. We'll have presenters here from back east who are actually implementing these perspectives now. And then staff will provide the Board with some approaches for your consideration moving into the 2018 plan year.

I want to also let you know that we briefed the stakeholders last week on this approach, not on the approach itself, but just giving them a heads up that this information is going to be forthcoming and that we are going to be seeking their active engagement as we moved forward.

A couple more items. One is, you know, open enrollment has closed, as traditionally we provide the Board with a full update in February. With all of the transactions that took place both in and out of all of the health plans. And so just for your awareness, that will

be a full report that we provide to you in February of next year.

As a reminder, I mentioned last month that
CalPERS submitted its first health annual report to the
legislature. That was report was presented on November
the 1st. You all received copies, along with the website
address. It'd been posted to our website. So anybody
who's interested in looking that report can go to the
CalPERS website and gain access to that report there.

And then finally, for the Committee and members, Madam Chair and myself will be attending a meeting down in Oakland with the Alameda County Health Care Task Force. This is a task force that has been formed with 20 plus employers and labor representatives in the greater Bay Area, looking at alternatives to health benefits. And the Chair and I will be going down speaking to this group on the 29th. They're seeking our input and feedback on the recommended approaches that have been presented to them, and then we will also share our perspectives on where Calpers is headed, so that they get all of the information necessary in their deliberations.

Madam Chair, that concludes my comments.

CHAIRPERSON MATHUR: Thank you. And I believe the Vice Chair is also going to join us for that meeting.

Thank you very much. Any questions from the

Committee?

Mr. Jelincic.

BOARD MEMBER JELINCIC: Doug, on that meeting in Oakland, is Tom Moore going to be there, do you know?

DEPUTY EXECUTIVE OFFICER McKEEVER: Mr. Jelincic, that is the meeting that both Sally and Tom are coordinating.

BOARD MEMBER JELINCIC: Oh. So hopefully he'll be there.

DEPUTY EXECUTIVE OFFICER McKEEVER: Yeah.

BOARD MEMBER JELINCIC: Thank you.

CHAIRPERSON MATHUR: Just one question. Do we know what the actuarial value of the alternative health benefits plan offered by the League of Cities is, and how that compares to our own?

DEPUTY EXECUTIVE OFFICER McKEEVER: Not yet. No, we've -- they've been very cautious in granting us access to their information. So we're going to be reaching out to them to get as much as we can relative to their benefit designs. I will tell you that they're contracting with more than one vendor for a variety of benefits.

If you recall, several years ago, we looked into an exchange-based product for the Medicare members of CalPERS. My understanding is that what the League has set up is an exchange-based product. So employers would be

```
1
    contracting with an exchange. I think it's run by Towers
    Watson. And that group then would be responsible for
 2
 3
    providing the benefits, and all of the necessary
 4
    corresponding activities that would go along with that.
5
             CHAIRPERSON MATHUR: Okay. Thank you.
6
             All right. We'll move on to Agenda Item number
7
    3, approval of the September 2016 minutes.
8
             VICE CHAIRPERSON BILBREY:
                                        Move approval.
9
             COMMITTEE MEMBER FECKNER:
                                         Second.
10
             CHAIRPERSON MATHUR: Motion made by Bilbrey,
11
    seconded by Feckner.
             Any discussion on the motion?
12
13
             Seeing none.
14
             All those in favor say aye?
15
             (Ayes.)
16
             CHAIRPERSON MATHUR: All opposed? Motion passes.
17
             Agenda Item 4 is the information consent items.
18
    I have had no requests to pull anything off.
19
             So we'll move on to Agenda Item number 5, State
20
   Legislative Proposal: Policy and Technical Amendments.
             LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY:
21
22
    morning, Madam Chair, members of the Committee. Mary Anne
23
    Ashley, CalPERS team member.
2.4
             I will be presenting Agenda Item 5, which is an
```

action item. CalPERS benefit program areas are seeking

25

Committee approval to pursue legislation to make minor policy and technical changes to sections of the Government Code, affecting the benefit programs administered by CalPERS. The analysis and background information of each proposal is included in your Board materials for your reference. I would like to please begin with the proposed changes that are clarifying and technical in nature, and would be included in the annual housekeeping bill.

And these proposed changes are to clarify how CalPERS calculates final compensation for members with multiple employers, clarify eligible conditions for changing an optional sediment, make additional changes to provisions affecting future optional settlements, remove non-operational conditions on employment after disability retirement, clarify CalPERS authority to hold pre-retirement information seminars for all members, require employers to report classic member special compensation separate from pay rate, clarify the definitions for disability and incapacity for performance of duty, provide misclassified school members an opportunity to remain in CalPERS, and to ensure new members in the State's second tier plan are eligible for disability benefits.

These are proposed amendments to the PERL, as I mentioned, that would be included in the housekeeping bill

in order to help ensure the continued efficient administration and good governance of CalPERS.

So before we move on to the minor policy bill, I'd be happy to answer any questions, as would Mr. Suine.

CHAIRPERSON MATHUR: Any questions from the Committee?

Yes, Mr. Juarez.

ACTING COMMITTEE MEMBER JUAREZ: Yeah. Mary
Anne, I just had a question about whether or not you've
had a chance to share with the Committee staff the
proposed amendments, and that they do agree that it's
primarily just technical clean up that won't necessarily
agitate anybody out there?

LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY: Yes, we have had that opportunity and that is correct.

ACTING COMMITTEE MEMBER JUAREZ: Excellent.

17 LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY: Thank
18 you.

CHAIRPERSON MATHUR: Thank you.

Mr. Jelincic.

BOARD MEMBER JELINCIC: I'm not sure if this the appropriate time to ask a question, but the change in retirement settlement options, was that included in the technical bill that -- or is that something we're going to talk about later?

BENEFIT SERVICES DIVISION CHIEF SUINE: The changes to the optional settlement, were you -- good morning, Madam Chair.

CHAIRPERSON MATHUR: Good morning, Mr. Suine. (Laughter.)

BENEFIT SERVICES DIVISION CHIEF SUINE: Anthony Suine, Calpers team member, members of the Committee.

 $\label{eq:were you looking for some clarification on that,} $$\operatorname{Mr. Jelincic}, or --$

BOARD MEMBER JELINCIC: Well, you said, you know, technical changes. And then I heard, maybe incorrectly, that you were going to come back and deal with some of the substantial ones. And I'm just wondering whether this is a more substantial one that you were going to deal with or -- and you're saying, no, it's part of the technical.

BENEFIT SERVICES DIVISION CHIEF SUINE: Yeah, it's part of the technical.

BOARD MEMBER JELINCIC: When I -- when I read this, it's -- and obviously, it's -- the devil is in the detail. But right now, if you choose option 1, that's irrevocable. And what it says is that we're proposing language to make it clear that options 2, 3, and 4 are also irrevocable, which would suggest that, you know, 2, 3 and 4 are always irrevocable. And so it may be just the wording of this or the intent, and so I was wondering if

you could clarify.

BENEFIT SERVICES DIVISION CHIEF SUINE: The main intent of this legislative change is to just clarify some of those inherent applications of the law, like it is irrevocable. When you do have a life event, a qualifying life event, it allows you to invoke these option changes. And so the real crux of this actual change is when there's an annulment. And the language isn't really clear, it treats an annulment like a divorce, but the paperwork is not the same for an annulment as it is for a divorce. So you don't have a court order ceasing the marriage. You need annulment papers.

So we were just trying to clarify the need for that type of paperwork when it's an annulment versus a divorce. And then just stress that it's -- these changes are irrevocable.

BOARD MEMBER JELINCIC: So -- okay. But the language in the write-up says, "Staff recommends clarifying that an eligible member's election to change his or her optional benefits due to a qualifying event is irrevocable."

BENEFIT SERVICES DIVISION CHIEF SUINE: Correct. So in some places, it clearly states it's irrevocable in other places it's not as clear. So we just want to make sure that when you make these option changes, based on the

life events, that they're all irrevocable, once you elect into that option change.

BOARD MEMBER JELINCIC: And if a second life event happens?

BENEFIT SERVICES DIVISION CHIEF SUINE: You could make another change.

BOARD MEMBER JELINCIC: So it's not irrevocable.

BENEFIT SERVICES DIVISION CHIEF SUINE: It's irrevocable unless you have the qualifying event.

BOARD MEMBER JELINCIC: Okay. And then on the disability, you know, we're moving to the industry best practice and a year. But currently, we require 6 months, a year, 2 years or some other period of duration. And one of the advantages that creates is at least the option to create a tickler to say we ought to go back and relook at this.

If we simply are getting a, well, it's more than a year, then there's no real basis to establish a tickler.

And I'm wondering how you propose to deal with that?

BENEFIT SERVICES DIVISION CHIEF SUINE: So this is when we make the initial determination for a disability. So it's the direction we give to the treating physician, or the specialist, or our independent medical examiner is if this person is substantially incapacitated for a specific period of time, then they can qualify for

the disability retirement. We have not had a statute codifying how long that duration is. We've kind of used the 6- to 12-month area as a general guideline. But when we said we needed to codify, then we looked at the best practices, what our peers are doing, and that's where we came up with codifying the 12-month.

So if you have this substan -- if are you going to be substantially incapacitated for 12 months or greater, then you could be approved for the disability retirement, then we internally have some guidelines of depending on the type of disability, we would set ticklers about when to reevaluate that member.

BOARD MEMBER JELINCIC: Okay. Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Jones.

COMMITTEE MEMBER JONES: Yeah. Thank you, Madam Chair.

Yeah. My question goes to the misclassified school employees area. And I understand CalSTRS, back in 2015, sent out a letter to all the potential affected employees. Have we done the same on the CalPERS side?

BENEFIT SERVICES DIVISION CHIEF SUINE: We have not yet, until we get this infor -- once we -- once we clarify this -- once we get the bill passed, then we'll be able to reach out to them to provide them the one-time

13

```
1
    election to remain in CalPERS.
             COMMITTEE MEMBER JONES: Do we have an idea of
 2
3
   how many employees are affected?
             BENEFIT SERVICES DIVISION CHIEF SUINE: Yeah,
 4
    it's about 1,500 to 2,000, we believe.
5
6
             COMMITTEE MEMBER JONES: Okay. Thank you.
7
             CHAIRPERSON MATHUR: So this is an action item.
8
             Is there --
9
             COMMITTEE MEMBER TAYLOR: Move approval.
10
             CHAIRPERSON MATHUR: Motion made by Ms. Taylor.
11
             Is there a second?
             COMMITTEE MEMBER JONES: Second.
12
13
             CHAIRPERSON MATHUR: Seconded by Mr. Jones.
14
             Any further discussion -- any discussion on the
15
   motion?
16
             Seeing none -- oh, Mr. Cobb, can you hit your
17
   button.
18
             DEPUTY EXECUTIVE OFFICER McKEEVER: Madam Chair,
19
    there's one more item that we need to speak to --
20
             CHAIRPERSON MATHUR: Oh, I'm sorry.
             DEPUTY EXECUTIVE OFFICER McKEEVER: -- on a
21
22
   policy bill before the Committee takes action.
23
             CHAIRPERSON MATHUR: Thank you. Thank you.
24
    Okay.
25
             LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY:
                                                          But
```

that's okay for the technical --

CHAIRPERSON MATHUR: Okay. Great.

LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY: Okay. So CalPERS benefit areas are also seeking Committee approval to pursue stand-alone legislation to provide that non-vested CalPERS members may have a specified break in service between their CalPERS covered employment and CalSTRS covered employment to be eligible to remain in CalPERS, provided that all other eligibility requirements in current law are met.

So currently, subject to specified conditions, a vested CalPERS member who is appointed to a position that would otherwise require participation in CalSTRS, can elect to remain in CalPERS, regardless whether there is a break in service between their CalPERS covered employment and subsequent CalSTRS covered employment.

And similarly, under specified conditions,

CalSTRS members may elect to retain CalSTRS membership

when appointed to a position subject to mandatory CalPERS

participation, and are allowed a break in service between

CalPERS and CalSTRS covered positions.

However, a CalPERS member with less than 5 years of service credit is not allowed to elect to remain in CalPERS if the member has any break in service between their CalPERS covered and subsequent CalSTRS covered

employment, no matter how nominal the break is.

2.4

For example, a non-vested CalPERS member may end their CalPERS employment on a Friday and immediately start subsequent employment in a CalSTRS covered position on that subsequent Monday, they would not be able to elect to remain in CalPERS as the weekend would be considered a break in service.

Therefore, the CalPERS program area recommends, and is seeking Committee approval, to pursue legislation to amend current law to provide that non-vested CalPERS members may have a break in service of up to 120 days between their CalPERS covered employment and CalSTRS covered employment to be eligible to remain in CalPERS, as long as the member meets all other eligible -- eligibility requirements in current law.

Making these changes would provide greater equity and conformity between CalPERS and CalSTRS administration of these elections. It would reduce confusion and potentially reduce the CalPERS resources needed to address invalid elections and respond to related administrative appeals. We have reviewed this proposal with the Committee consultants and stakeholders and have not received any concerns or opposition.

And with that --

CHAIRPERSON MATHUR: Thank you.

LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY:

-- Mr. Suine and I would be happy to answer questions. Thank you.

CHAIRPERSON MATHUR: Any discussions on the policy proposal?

Mr. Juarez.

2.4

ACTING COMMITTEE MEMBER JUAREZ: I'm going to again assume that CalSTRS is okay with us pursuing that change?

LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY: Yes.

ACTING COMMITTEE MEMBER JUAREZ: And that -- I mean, I'll just ask it as a question. Do we perceive anybody would have a problem with extending it to 160 -- 180 days?

LEGISLATIVE AFFAIRS DIVISION CHIEF ASHLEY: We still need to touch base with the Department of Finance. We have provided them the information, but they're currently busy on budget issues, so we hope to meet with them sometime next month.

ACTING COMMITTEE MEMBER JUAREZ: Thank you.

CHAIRPERSON MATHUR: Thank you.

Ms. Taylor, can I -- is this included in your motion?

COMMITTEE MEMBER TAYLOR: I will amend my motion to include this.

1 (Laughter.) 2 CHAIRPERSON MATHUR: And Mr. Jones, this is 3 acceptable to you as the seconder? 4 COMMITTEE MEMBER JONES: Yes. 5 CHAIRPERSON MATHUR: Okay. Any discussion on the 6 motion? 7 Seeing none. 8 All those in favor say aye? 9 (Ayes.) 10 CHAIRPERSON MATHUR: All those opposed? 11 Motion passes. 12 Thank you very much. 13 I'm sorry. Oh, sorry, Ralph. Yes. 14 ACTING COMMITTEE MEMBER COBB: Please record 15 CalHR as abstaining on this. 16 CHAIRPERSON MATHUR: We will do so. 17 Okay. Moving on to Agenda Item number 6, Annual 18 Review of Legislative Policy Engagement Guidelines. DEPUTY EXECUTIVE OFFICER McKEEVER: Madam Chair, 19 20 members of the Committee, at the risk of continuing to 21 talk today, I want to cover this particular item based 22 upon the conversation that took place yesterday at the 23 Investment Committee on this exact same item, and just 24 assure the Committee that, based on the discussions that

took place yesterday in the Investment Committee, we'll be

25

working, not only with you all, but internally, and use the January off-site to allow you all to have the interaction with the federal representatives to clearly then make sure that we bring this back in February as a total package both for Investment, Pension and Health with all of the guidance that we gather a the January off-site.

So I don't know if there's an additional need to go through this today, but I just wanted to raise confirmation that we'll handle it the same way as was spoken about yesterday.

CHAIRPERSON MATHUR: Thank you. So we do have one request to speak. Mr. Jelincic.

BOARD MEMBER JELINCIC: I just want to make sure that the issue of using representative is also intended to incorporate staff?

DEPUTY EXECUTIVE OFFICER McKEEVER: Yeah. I recall that bringing -- being brought up yesterday as well, so that's included. Thank you.

BOARD MEMBER JELINCIC: Thank you.

CHAIRPERSON MATHUR: Thank you.

Okay. Then we'll defer this discussion to the January off-site.

We'll move on to Agenda Item number 7, Customer Services and Support Performance Updates.

Ms. Lum.

DEPUTY EXECUTIVE OFFICER LUM: Good morning,

Madam Chair, members of the Committee. Donna Lum, CalPERS

team member. With me today, as you know, is Anthony

Suine, CalPERS team member as well.

Agenda Item number 7 is an information item. And it's to provide you with our quarterly update on performance as it's related to customer service.

Specifically in this item we'll be addressing our service measures that are related to Strategic Measure number 10, which is -- which measures the timeliness of our benefit payments, as well as Strategic Measure number 11, which measures customer satisfaction, both member and employer.

Overall, I'm pleased to say that the customer service team's continue to provide many of our services within our established service levels, and we continue to also receive a high degree of feedback from both members and employers with customer satisfaction.

However, during this past quarter, we did have a couple of service areas that fell below the threshold, which we established with this Committee, that enables us to discuss them with you from an exception perspective. And so we're prepared to do that today.

And I also wanted to note that in the agenda item, we've identified several initiatives that we are undertaking, that again are all aimed at streamlining and

1 | improving the services that we currently provide.

Although, they are being performed at a high level, as you know, we're always looking for continuous improvement and looking at how we can continue to enhance those services.

So, at this time, I'd like to turn it over to Anthony Suine, and he will walk you through our exception reporting, and tell you about some of the initiatives we're undertaking.

BENEFIT SERVICES DIVISION CHIEF SUINE: Thanks, Donna.

I get another chance here. Good morning, Madam Chair, members of the Committee. I'm Anthony Suine, CalPERS team member. And, Agenda Item 7 is an information item. That's our routine quarterly performance report in the Customer Services and Support Branch. And as Donna mentioned, I first want to cover our performance on our 2 strategic measures, which are benefit payments and customer satisfaction surveys.

Overall, we continue to make our customer -- our benefit payments in a extremely timely manner, within our identified thresholds, with the exception of one area that I wanted to point out. As I've shared previously, we make 2 types of survivor benefit payments. We make those that have an ongoing monthly allowance, that is typically due to a surviving spouse. And then we make lump sum survivor

benefit payments that are typically payable to another relative, or a friend, or an estate potentially.

As we faced a large increase in the number of deaths that have been reported to us over the last 3 years, our team has had to prioritize those payments. And we always put those ongoing monthly payments due to a surviving spouse as our top priority. This keeps their income stream on a month-to-month basis, as well as keeps a continuation of their health benefits.

So as a result of that, our performance in paying the lump sum death benefits has dipped below 50 percent in this last quarter. And it's extremely important to us that we make these payments timely. And I am happy to say that within 60 days we're making 80 percent of those payments within 60 days. So our goal was 45, while we're missing that, less than 50 percent of the time we are making 80 percent of them within 60 days, and then over 90 percent of them within 75 days. So we're able to regroup fairly quickly after the 45 days.

To mitigate this effort, we have also recently been approved for new positions in this area. So we have hired those staff to assist us, and we're also working on enhancements to our automated process, as well as streamlining our business process, so the future will look brighter in resolving these cases more timely.

And we believe in the next 6 months, as our team members are fully trained, we'll be able to perform much better in this area. In the area of customer satisfaction, we have an overall rating of above 90 percent when we look at all the 15 different surveys that we administer. The 4 business areas where we've fallen below our threshold of 85 percent are identified in the agenda item.

Two of those areas are refunds and payroll reporting for our employers. We have -- we are -- we are still in the 80th percentile for both those surveys, just slightly below the 85 percent. I did want to point out on the payroll reporting, when we do get these surveys, we receive comments periodically from the employers or the members.

And in the payroll reporting area, we've been able to look at the feedback provided by our employers and we have been working to implement some of the changes around the reports that they have access to. And that's made a big difference in our scores in that area. So we continue to see a upward trend in that satisfaction.

In the area of service credit purchases, we've fallen slightly below 80 percent for our overall satisfaction. It really boils down to the members on the timeliness we can deliver those costs to them for their

service credit purchases.

We have recently made improvements in our methodology of how we work the inventory. And over the last quarter, we've been able to see over a 10 percent decrease in our total inventory of service credit requests. This will give us more time for the team members to work more cases in a shorter amount of time, so we expect our timeliness in that area to improve and see those results in our satisfaction surveys.

Lastly, we have our IRC 415 Benefit Plan. This is a program that very few employee -- of our retirees are part of, so that -- and this goes to new people who enter the program. So we get very few respondents for this survey. So as a result, our percentage is below our satisfaction threshold of 85 percent.

Their main comments in this area is this is a separate benefit payment from their normal PERF, or Public Employees Retirement Fund, check, and they would really like to have direct deposit for these funds. Since it's a separate manual claim we send to the State Controller's, they get a paper check for this payment. And it's only payable when the employers have made their payments timely. So sometimes they get frustrated over the timeliness of the payments.

We are working towards direct deposit for these

payments, and we hope to have that implemented some time in 2017.

Other highlights over the last quarter for Customer Services an Support includes our handling of open enrollment inquiries. This last quarter saw the beginning of open enrollment. And the move to the on-line health statements has translated into more electronic secure message inquiries from our members, and a reduced number of phone calls.

So as a result, it's helped us to be able to respond to those electronic inquiries more timely, as well as maintain our call wait times, and handle our calls more efficiently. So that really resulted in a positive gain for the team.

In addition, we are compiling the statistical data as a result of open enrollment, and that will be available to the Committee in February of 2017, all the data of the movements.

We also continue to use the functional optimization project within CSS to make enhancements for our members, for our employers, and for our internal teams processing.

The last quarter saw improvements to the on-line health statements. It allowed us to deploy the on-line health statements. It also has assisted our members in

reconciling their enrollment data and appointment data that has had issues in the past, and we made it easier for them to resolve those issues. And we've made some improvements to help streamline our retirement application processing.

Lastly, I'd like to point out some initiatives that we have been working on to reduce the complexity in our area, as well as improve compliance with our employers. Now, that the Retirement Option Simplification bill has passed, we are putting together the necessary project plan to implement the necessary communication needs, the system changes that need to be in place prior to January of 2018 when this takes effect, and enhance our training materials for our internal team members as well as our members.

We're also making a significant effort to simplify our member publications wherever possible. So we're looking at those publications, streamlining them, working with our Public Affairs Office to make sure that they're easy to understand and the process can easily be completed by our members.

And lastly, in the Business Partner Compliance area, we've really had that theme over the last quarter. And through our circular letters with our employers, through face-to-face visits, and last month at the

Employer Education Forum, we've really been working with our employers to stress any issues with gaps they have in our laws, and how to resolve those gaps. And so we've been working closely in that area to help them avert any of those issues.

So with that, that concludes my report, and I'm happy to take any questions.

CHAIRPERSON MATHUR: Thank you very much. Very comprehensive report.

Mr. Bilbrey.

VICE CHAIRPERSON BILBREY: Thank you, Madam
Chair. Yes. Thank you for the comprehensive report. I
just wanted to mention, not necessarily on the report, but
in October, I had the pleasure of visiting 3 more of our
regional offices. And staff there were fantastic in
greeting me and really filling me on how the operations of
each of our regional offices work.

I really appreciate their time and their efforts. And actually, I've now visited all the offices, so it's just a fantastic -- our staff is just fantastic in all the work they do.

I had the pleasure of joining the Glendale office as well at one of their fund-raising events they did for pediatric brain tumor. And we did a big walk together.

And I really enjoyed joining them, so -- and I look

forward to, in March, we're going to do a Komen, I think, event as well.

So thank you and I thank the staff for all the work they're doing.

CHAIRPERSON MATHUR: Thank you, Mr. Bilbrey.
Mr. Jelincic.

BOARD MEMBER JELINCIC: As we look at simplifying the system, why do we do the IRC 415? You know, we didn't create it. The employer created it. Why not -- we can't pay it until the employer gives us the money. Why not step out of the middle of this?

BENEFIT SERVICES DIVISION CHIEF SUINE: So the regulations in our -- the California Code of Regulations and our retirement law governs that CalPERS administers this program on behalf of our members. There is a provision in there where we could rescind that administration. However, there's 2 parts of this. One is limiting the member for their benefit per the IRC 415 rules, and then the other is collecting from the employer, and then paying that excess benefit to them.

There's still a lot of effort. Even if we were to eliminate our administration of the program, there's still a lot of effort into figuring out how the member should be limited. There's a lot of complex rules in the IRC 415. That is still a lot of work. And then we would

have to notify the employers and the members that they have been limited and here's the amount under -- or that exceeds the limit, and then expect potentially the employer to work with the members.

So there's still quite -- eliminating the program altogether or our administration of it wouldn't necessarily simplify it as much as we would like.

BOARD MEMBER JELINCIC: So even if we stepped out of administration, we'd have to do the calculations?

BENEFIT SERVICES DIVISION CHIEF SUINE: Correct.

BOARD MEMBER JELINCIC: Okay. And then on this service purchase credit, which is top of page 3, I understand that we want to reduce the backlog and increase processing times. Don't we want to decrease processing times?

BENEFIT SERVICES DIVISION CHIEF SUINE: Yeah. I was reading how that was worded in the agenda item, and it -- increase our speed of processing the requests, if that makes sense.

BOARD MEMBER JELINCIC: Okay.

CHAIRPERSON MATHUR: Improve processing times.

BOARD MEMBER JELINCIC: Right.

BENEFIT SERVICES DIVISION CHIEF SUINE: Yeah,

24 | yeah. We want to do them faster, increase our speed.

BOARD MEMBER JELINCIC: Because when I read it, I

kind of was like -- okay. Thank you.

CHAIRPERSON MATHUR: Mr. Cobb.

ACTING COMMITTEE MEMBER COBB: Thank you, Madam Chair. I just wanted to offer my kudos to you and your team for the close collaboration and coordination during open enrollment with our retiree dental and vision open enrollment running in parallel. So thank you very much.

BENEFIT SERVICES DIVISION CHIEF SUINE: Thank you.

ACTING COMMITTEE MEMBER COBB: And please pass that on to your team.

CHAIRPERSON MATHUR: Thank you.

I see no further requests to speak, so we will move on to Agenda Item number 8, Pharmacy Benefit Manager Transition.

Mic.

HEALTH PLAN ADMINISTRATION DIVISION CHIEF

DONNESON: Good morning, Madam Chair, and members of the

Committee. Kathy Donneson, Calpers staff.

Agenda Item number 8 provides an update on the pharmacy benefit manager transition for nearly 500,000 CalPERS members. We are pleased with the progress and look forward to a successful completion date and launch of January 1, 2017.

We are -- look forward to that date, so that we

can move forward implementing the pharmacy innovations that are part of this 5-year contract.

I would now like to introduce Victor Eberle, who's to my left, the Assistant Division Chief, and also the project director who managed this implementation, and she will present the rest of this agenda item.

Victoria.

HEALTH PLAN ADMINISTRATION DIVISION ASSISTANT
CHIEF EBERLE: Thank you, Kathy. Good morning, Madam
Chair, Committee members. This agenda item provides an
update on the implementation of the pharmacy benefit
manager OptumRx. The implementation activities are well
underway as we approach the January 1, 2017 go-live date.

Since May, CalPERS, OptumRx, and the health carriers collectively have more than 100 staff dedicated for implementation activities. We are utilizing a workstream group approach. This approach is cross-divisional and multi-disciplinary to allow for concurrent activities reaching across the enterprise and the State Controller's office to ensure that all business needs are met in a timely manner.

The activities of the 7 workstream groups are outlined in attachment 1. In brief, I will highlight 3 work groups: Plan design and drug coverage; communications, reports, tools, and training; eligibility

Medicare, ANSI interfaces.

First, I would like to discuss the plan design and drug coverage workstream group on page 4 of attachment 1. This workstream group primary responsibility was to develop processes and protocols to mitigate member disruption a prescription fills at the pharmacy and to ensure that members have continuous access to existing medications.

Disruptions are defined as any changes in drug coverage that might be perceived as negative. Of most concern to the workstream group was a difference in the CVS and OptumRx formularies that could either result in a certain drug having a higher copayment or some drugs requiring step therapy, quantity limits, or prior authorization.

To prepare our membership for any potential changes, we launched a drug look up and drug cost tool on the OptumRx website for CalPERS. OptumRx also sent 75,263 letters to members informing them of potential disruptions and what steps they might take to minimize disruptions.

OptumRx made phone calls to members who received multiple letters and to some who are taking specialty medication -- that require special handling. A second round of membership letters will be sent in early January to inform new enrollments of potential disruption.

Next, I would like to discuss on page 5 of attachment 1, which outlines communications, reports, tools, and training work, which included multiple opportunities to engage with stakeholders, to communicate prior and during open enrollment.

A brief delay in implementing the pharmacy search function on the OptumRx website resulted in 3 complaints to CalPERS about not being able to find a network pharmacy. That search function has been corrected and members can use it.

There have been 3 complaints received by CalPERS over the preparedness of OptumRx call center employees, which has been addressed by increased training and development of these staff to be ready for go-live. To date, there have been approximately 60 calls and complaint letters regarding the switch from CVS to OptumRx.

Finally, I would like to discuss page 8 of attachment 1, eligibility, Medicare, ANSI interfaces.

During the implementation, we have encountered some challenges regarding low-income subsidy. I will take a moment to walk through the low-income subsidy program.

The Centers for Medicare and Medicaid provide subsidies to offset the premium paid for prescription drug coverage for Medicare Part D beneficiaries who meet specific income requirements

The pharmacy benefit manager receives the subsidies from CMS on a monthly basis and is responsible for administering the low-income subsidy program. CalPERS works with the PBM, through the my|CalPERS system interfaces, to verify member enrollment and premium amounts paid by either the employee or the employer.

The PBM must then reimburse the member and/or employer for the subsidy amounts. The employer gets some or all of the subsidy, depending on how much the employee contributed to their monthly health premium. CMS provides subsidy money for the program, and there are approximately 2,000 CalPERS members in the program, and the average monthly subsidy is about \$30. This workstream group has been engaged with OptumRx in rigorous testing to ensure a smooth transition for these members.

An inordinate amount of planning and preparation has gone to ensure a smooth transition for successful go-live on January 1, 2017.

In closing, I'm very proud of the work done by the entire implementation team who have been performing above and beyond during this compressed schedule.

That concludes my presentation, and I'm happy to answer any questions.

Thank you.

CHAIRPERSON MATHUR: Thank you, Ms. Eberle.

1 Ms. Taylor.

COMMITTEE MEMBER TAYLOR: Yeah. You just -thank you very much for the report. It's really
comprehensive, as I'm going through it for a third time.
I'm still a little confused. You said under the Medicare
eligibility, the employer gets the subsidy. Could you
explain that to me again? I didn't quite get that.

HEALTH PLAN ADMINISTRATION DIVISION CHIEF DONNESON: Thank you, Ms. Taylor.

Under the subsidy program, the subsidy to the employer or the employee is really dependent on the employer's contribution. So as Ms. Eberle said, the average is about \$30. If we're the State of California for example, most of that \$30 will come to the State because of the amount of money that the State contributes to the premium.

17 COMMITTEE MEMBER TAYLOR: Okay. So it has to do
18 with how much is contributed --

HEALTH PLAN ADMINISTRATION DIVISION CHIEF
DONNESON: Correct.

COMMITTEE MEMBER TAYLOR: -- to the premium, and then the subsidy is kind of a savings for the State of California.

24 HEALTH PLAN ADMINISTRATION DIVISION CHIEF

25 | DONNESON: Yes.

COMMITTEE MEMBER TAYLOR: Is that correct?

HEALTH PLAN ADMINISTRATION DIVISION CHIEF

OONNESON: Correct.

COMMITTEE MEMBER TAYLOR: Okay. And then I had another question and I don't remember what page it was on. I was -- oh, it was at the beginning. The transparency of OptumRx. One of my questions was do we know what -- for example, I go in and I purchase my whatever I need, right, and I pay my 5 bucks, but it actually costs nothing, right?

So then OptumRx gets that money. And I know -- I know this is something that goes on in terms of pharmacy benefits for -- so I'm wondering does OptumRx keep the savings? So for certain drugs you get, you know, kick -- not kickbacks, but savings -- cost savings to the pharmacy that handles it. And it's not always the same pharmacy, but it -- I'm wondering does that money come back to Calpers in any way or does it stay with OptumRx?

HEALTH PLAN ADMINISTRATION DIVISION CHIEF

DONNESON: The pharmacy benefit manager is the third-party administrator. So any money, for example, rebates has 100 percent pass-through back to CalPERS. So what we're paying for with Optum is that third-party administrator fee primarily, and all benefits and expenses then accrue to CalPERS.

COMMITTEE MEMBER TAYLOR: Okay. So that we're the fee, but if there is any rebates from whatever, you know, my statin that I take or something, that rebate then gets passed through at the end of the year to Calpers, the savings?

HEALTH PLAN ADMINISTRATION DIVISION CHIEF

DONNESON: It comes back to CalPERS, yes.

COMMITTEE MEMBER TAYLOR: Okay. And we do get a report on that?

10 HEALTH PLAN ADMINISTRATION DIVISION CHIEF

11 DONNESON: Yes.

COMMITTEE MEMBER TAYLOR: Okay. Great. That's what I was checking on. Thank you.

CHAIRPERSON MATHUR: Okay. Thank you.

Mr. Lofaso.

ACTING COMMITTEE MEMBER LOFASO: Thank you, Madam Chair. Excellent report. Thank you very much.

During the negotiation process, there was some discussion about -- I'm speak -- I'm asking a question about the formulary issues and the difference between the old and the new. And there was some discussions about, I'm not sure the right word I should use, a little give on Optum's part about people who say we're on a prescription that didn't require prior authorization, but now would.

And I think the idea was they would bridge the

gap a little bit for people who were -- can you elaborate how that has played out as we're moving forward?

HEALTH PLAN ADMINISTRATION DIVISION ASSISTANT
CHIEF EBERLE: Optum has been working with our team, our clinical team, to minimize any disruptions. So those letters that went out, things have been adjusted so that members know where that drug lies on the new formulary. So adjustments have been made. In the negotiations, we did -- there were certain cross-over drugs that Optum was very generous on, so those things were minimized.

We've done everything that we can with OptumRx and we'll continue to do so, as things pop up, to minimize the gap as we move on.

ACTING COMMITTEE MEMBER LOFASO: So I'm hearing you say there's a number of them where there -- the beneficiary isn't even going to see anything but seamless coverage because of the things we did, and the --

HEALTH PLAN ADMINISTRATION DIVISION ASSISTANT CHIEF EBERLE: Correct.

ACTING COMMITTEE MEMBER LOFASO: -- the other steps you're taking are the outliers where we weren't able to do as much in seamlessness?

HEALTH PLAN ADMINISTRATION DIVISION ASSISTANT CHIEF EBERLE: Yes.

ACTING COMMITTEE MEMBER LOFASO: Thank you very

much.

HEALTH PLAN ADMINISTRATION DIVISION ASSISTANT CHIEF EBERLE: Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Jelincic.

BOARD MEMBER JELINCIC: Yeah, I was -- in the write-up, I was a little surprised that, you know, "The introduction of the new PBM has resulted in a number of member calls and complaint letters regarding the switch", which hasn't happened yet. What's the nature of those complaints and what do you think happens in January when we actually do make the switch?

CHIEF EBERLE: When the announcement was made who the contract was awarded to, we made extreme efforts to communicate that to employers and employees of the change, so they knew of the activities that would start and all the letters that were starting to flow through. I think some of those letters, I think you're always going to have people that prefer one PBM to another. And from what we can see in January, we hope to see very minimal disruption in January from the call volume we're seeing now at the OptumRx call center, which has been in the neighborhood of about the 200 calls thus far.

BOARD MEMBER JELINCIC: Okay. And I --

DEPUTY EXECUTIVE OFFICER McKEEVER: Mr. Jelincic, if I may? There's -- at least the letters that I've seen that I've responded to personally, on behalf of the organization, have primarily dealt around the formulary change, which Ms. Eberle has already discussed of how that has been transitioned. That would be the major area in which members have expressed some concerns.

I also want to point out that the -- even though the numbers may appear high, I will suggest to you that it's still much, much lower than the customer service calls that we've gotten under our current PBM, which has generated much more customer service dissatisfaction than what we expect moving forward.

BOARD MEMBER JELINCIC: Thank you.

CHAIRPERSON MATHUR: Thank you.

Mr. Juarez.

ACTING COMMITTEE MEMBER JUAREZ: Yes. Thank you. I wanted to query a little bit about this value-based contracting, which is an add-on apparently that Optum's providing to Calpers to do for innovative programs. And most curious about whether or not the staff can -- as that develops, the staff can share with the Board exactly some examples of where we've been able to lower the cost, at the same time we're increasing the use of prescription drugs that are actually making a difference.

And so I think we'd be very much interested to hear examples of where that's been done and what the value has been to the organization by doing that type of value-based contracting.

HEALTH PLAN ADMINISTRATION DIVISION CHIEF

DONNESON: I'd like to direct the Committee to page 2 of

3, which describes some of the innovations in the actual
written agenda item. One of the benefits of the

competitive negotiations that we engaged in was that we
were able to flesh out, not only full -- a full
transparent contract, but also the innovations that

OptumRx would be bringing to Calpers.

And in that paragraph which is in the middle of the page on page 2, the value-based contracting is a new concept, and it relates to the opportunity to work directly through Optum with the manufacturers in terms of additional value that could be brought to CalPERS through this contract.

We also will be working -- other innovations we'll be doing is sites-of-care management that relate to expensive drug administration, in terms of infusions, office-administered drugs, that might be able to be reduced on the medical side, because they have been -- they will flow through to the pharmacy side.

Some of the other things that we have worked with

and look forward to continuing to work is implementation of evidence-based formulary control, including our ability to not participate as a member of the Pharmacy and Therapeutics Committee, but to actually observe the work of the Pharmacy and Therapeutics Committee.

So these are some of the innovations that we haven't had the opportunity to flesh out, but come January 1, I'm very much looking forward to a comprehensive strategy, not just for the PBM side of the pharmacy, but the medical pharmacy as well.

DEPUTY EXECUTIVE OFFICER McKEEVER: And if I may add one note on top of Kathy's comments. Yes, we will bring back to the Committee our efforts rolling these out and then the results of those efforts as well.

ACTING COMMITTEE MEMBER JUAREZ: Yeah, I think the financial benefit, I think, will be interesting to see how much we're able to accrue from the changes that have been described in the item.

CHAIRPERSON MATHUR: Thank you. I just had one question, and that's on the drug look up and cost tool, and that is whether that includes both synthetic and specialty drugs?

HEALTH PLAN ADMINISTRATION DIVISION ASSISTANT CHIEF EBERLE: I'm sorry. Yes.

CHAIRPERSON MATHUR: Yes, it does. Okay. Great.

Thank you. I think that exhausts the questions of the Committee. So thank you very much for the item.

That will bring us to Agenda Item number 9, which is a Summary of Committee Direction.

DEPUTY EXECUTIVE OFFICER McKEEVER: Madam Chair,
I believe there was only one that was supporting the
deferral of the legislative and policy guidelines until
the January off-site, and then bringing back in February
the recommended path forward for your consideration.

CHAIRPERSON MATHUR: Yes, that sounds like what I recollect as well.

We do have 3 members of the public who wish to speak at public -- in Agenda Item 10, Public Comment. So Dwight Sanders, David Bilby, and Tim Behrens, if you could make your way up to the front here. We're got 2 seats here on the left.

Please identify yourself. These -- either one of those is fine, Tim.

Please identify yourself and your affiliation for the record, and you'll have 3 minutes.

Go ahead.

MR. BEHRENS: Thank you, Madam Chair, Board members. My name is Tim Behrens. I'm the President of the California State Retirees. Thank you for this opportunity to comment. I'd like to draw the Committee's

attention to an issue of concern on which CSR has had communication with CalPERS staff regarding the cost, accounting, and reporting of pharmaceutical drugs to CalPERS.

We have closely followed CalPERS' costs reporting for drugs over the last few years, and have discovered a reporting inconsistency which we feel needs to be addressed. In the December 15th, 2015 Agenda Item 9 of the HBC meeting, the staff reported to the Committee that the total cost of prescription drugs to CalPERS for the year 2014 was \$1.8 billion. This figure was also shared with stakeholders at stakeholders' engagement briefings, and on other occasions.

So it came as a surprise when staff reported the drug costs for the calendar year 2015 at a September 20th, 2016 HBC meeting that the total 2015 cost for prescription drugs was \$2.1 billion, which represented nearly a 10 percent increase over the cost of 1.9 billion for the year 2014.

For nearly a year, CalPERS has cited the 2014 drug cost to be 1.8 billion, but now has 1.9 billion with no explanation of how they had increased \$0.1 billion, or any acknowledgement of an increase. Shortly after that meeting, CSR contacted CalPERS staff asking for an explanation.

The prompt response indicated that pharmacy costs can vary somewhat from one report to the next due to factors such as an updated claims data, rounding differences, and retrospective correction of errors.

Now, we understand that adjustments from report to report are common. However, 2014 costs were not reported until December 2015. A year seems like a reasonable amount of time to have made adjustments. But of greater concern is the magnitude of the apparent adjustment 0.1 billion, or in our thinking, 100 million is of great concern.

On closer examination, we found in graphs accompanying the 2015 agenda item memo, \$1.86 billion is shown for 2014, which was rounded down to \$1.8 billion or 60 million to cover the memo.

And in 2016, a report on a graph shows 2015 costs at \$1.91 billion, but it was rounded down \$10 million to 1.9 billion in the cover memo.

Rounding up or down millions of dollars in reports to the Board and the stakeholders may be a little bit misleading. The report summary leads us to conclude there is \$100 million discrepancy. We hope that the 2 differences between the reports is much smaller, but we feel addition explanation is needed.

So we have 2 recommendations we'd like to make to

this committee and CalPERS staff, that CalPERS staff do additional analysis to explain the drug cost reporting differences; and 2, that CalPERS report these costs in millions rather than billions now and in future reports.

Thank you for the time to speak. And also, thank you for that great breakfast this morning put on by CalPERS and the time to meet with you all and CalPERS staff.

Have a good day.

2.4

CHAIRPERSON MATHUR: Thank you, Mr. Behrens.

Mr. -- I'm sorry, Mr. Bilby?

MR. BILBY: Correct.

CHAIRPERSON MATHUR: Please identify yourself and your affiliation for the record.

MR. BILBY: Good morning. My name is David
Bilby. I'm the director of finance and treasurer for the
City of Chula Vista.

I first off wanted to congratulate the CalPERS team on a very successful 2016 Educational Forum. It was my first time attending, and I found it to be very engaging and organized and provided a lot of information, especially for a first-time attendee. So thank you very much for that.

It was at that Educational Forum that I had the privilege of being joined at breakfast by Mr. Bilbrey,

Mrs. Mathur, Mrs. Frosts, and Mr. Costigan. And it was there that the conversations we were having at breakfast that encouraged me to come today.

I wanted to discuss some of the areas of the CalPERS system that local governments see as being probably the most important issue that we've got to deal with in the coming years, which is the discount rate or the investment returns.

We're looking at our current percentage contributed per employee going from 30 percent to over 50 percent in the next 10 years. We're looking to try to create a sustainable and realistic balanced budget approach for the foreseeable future in our long-term financial plan. And I would encourage CalPERS to consider at future Educational Forums to add course work on seminars and sessions regarding discount rate sustainability.

I think there's a lot of misconceptions written in periodicals and public media about how those risks are handled, how the investment portfolio is developed, and I think you guys have done a great job at addressing those and countering those public opinions.

But in addition to what was presented at the Educational Forum and what is also presented in public media, I think it is important to use and utilize all data

that we do have today to make a more informed and transparent decision going forward, so local governments can manage their future budgets effectively.

We don't have time today to get into all the specific issues, but if you look at global debt ratios, if you look at emerging market growth rates, you look at fed policy and central bank policy, you look at the sustainability of those programs, and what you and I do, and we have a fiscal shortfall or we have debt to pay down, is our spending comes down.

So whether it's a Greek default or just decreased growth rates going forward, CalPERS did a lot of effort in those sessions to talk and discuss about past performance. And it is clear that past performance would justify a 7½ percent discount rate. But future performance is not based on past performance, as you -- when you sit down with a financial advisor, they tell you that about mutual fund growth rates.

I think it's important to look and analyze all of that data that's available, and really have open and transparent discussions about where the discount rate is sustainable. I attended the session about risk, and I think there's an area of risk that we want to get towards or a reasonable rate of risk target for that.

And so I just wanted to open up, you know, create

a collaborative environment where local governments have an opportunity to share with you some of our opinions.

These are not the opinions of my elected officials. I'm trying to gather all the information I can to give them

the best advice to move forward.

Really appreciate your time today. Thank you so much.

CHAIRPERSON MATHUR: Thank you very much, Mr.
Bilby. The discount rate is on the agenda in the Finance
Committee, which is coming up later this afternoon, so I
invite you to stay and participate in the discussions
then.

MR. BILBY: Will do. Thank you.

CHAIRPERSON MATHUR: Is Mr. Sanders in the room? Seeing none.

Those are all of the requests I have for public comment, so this open session is adjourned.

And we will have -- oh, I'm so sorry -- I'm sorry, Mr. Jones. I didn't see your name there. Sorry.

COMMITTEE MEMBER JONES: Okay. Thank you. My comment is dealing with Mr. Behrens comments about the dollar amount. And what it appears to be maybe is a rounding process, but I would ask that staff meet to make sure that they understand the numbers, so that this perception of erroneous numbers are not carried away.

CHAIRPERSON MATHUR: Thank you. I think staff has already been looking at this. So we'll see better -- more precision in the future.

Thank you. So we are going to adjourn the open session of the Pension and Health Benefits Committee. We will commence the closed session at 10:15. And following that, we'll have a closed session for Performance, Compensation and Talent Management. And the open session for Performance, Compensation and Talent Management is scheduled to start at 11:30.

(Thereupon the California Public Employees' Retirement System, Board of Administration, Pension & Health Benefits Committee open session meeting adjourned at 10:02 a.m.)

CERTIFICATE OF REPORTER

I, JAMES F. PETERS, a Certified Shorthand
Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing California Public Employees' Retirement System,
Board of Administration, Pension & Health Benefits

Committee open session meeting was reported in shorthand by me, James F. Peters, a Certified Shorthand Reporter of the State of California;

That the said proceedings was taken before me, in shorthand writing, and was thereafter transcribed, under my direction, by computer-assisted transcription.

I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand this 21st day of November, 2016.

James & College

JAMES F. PETERS, CSR

Certified Shorthand Reporter

License No. 10063